

District Summary of Health Services Encounters Instructions

Purpose: The District Summary of Health Services Encounters form will make possible school health services data to interested persons or groups when needed for legislative requests and other reports.

Process: Each year the State School Health Nurse Consultant will identify **a specific two-week period** during which the information noted on the Nurse's Daily Summary of Health Services Encounters form should be collected. At the end of the two-week period, totals for each section of the Daily Summary of Health Services Encounters form should be tallied and reported to the designated person within your school district. The designated person for your school district will combine the totals from each nurse and submit district level totals to the State School Health Nurse Consultant. ***The survey period for the 2007-08 school year (this current school year) is from January 28, 2008 to February 8, 2008.***

Instructions for Completing the District Summary of Health Services Encounters Form:

Name: Enter the name of person completing the form.

Title: Enter the job title of person completing form.

Date: Enter the date on which the form is being completed.

School District: Enter the name of district.

Phone: Enter the phone number of person completing form.

Divide the Nurse's Daily Summary of Health Services Encounters forms submitted by the nurses in your school district by school type – elementary, middle, high, and other. For the purposes of this survey the following definitions should be used for defining elementary, middle, high, and other school types:

- Elementary: Grades include *only* K, 1, 2, 3, 4, or 5 *OR* a combination of the following grades *with no other grades included* – K, 1, 2, 3, 4, 5, or 6.
- Middle: Grades include *only* 6, 7, or 8 *OR* a combination of the following grades *with no other grades included* – 5, 6, 7, 8, or 9.
- High: Grades include *only* 9, 10, 11, 12 or a combination of the following grades *with no other grades included* – 8, 9, 10, 11, or 12.
- Other: Any combination of grades not specified above.

Question #1

For each school type, sum the totals submitted by the school nurses for each data element listed in the table in question #1 of the District Summary of Health Services Encounters form. These data elements correspond to the information collected by school nurses on the Nurse's Daily Summary of Health Services Encounters form.

(Note: For explanations regarding the data elements see the instructions for the Nurse's Daily Summary of Health Services Encounters form.)

Total each row of the table in question #1 and write the total in the appropriate space in the column labeled "TOTAL."

Question #2

For each school type, sum the totals submitted by each school nurse for each special procedure listed in the table in question #2 of the District Summary of Health Services Encounters form. Write any additional special procedures provided by the nurses in the blank spaces.

Total each row of the table in question #2 and write the total in the appropriate space in the column labeled "TOTAL."

Total each column of the table in question #2 and write the total in the appropriate space in the row labeled "TOTAL."

Question #3

Total the amount of time that all nurses (regardless of school type) spent documenting or billing services. Write the total in the spaces provided.

Question #4

Enter the total number of nurses working in your school district.

Question #5

Enter the total number of nurses who submitted data for the survey.

Please forward your completed District Summary of Health Services Encounters form to the State School Health Nurse Consultant by March 14, 2008.

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